

CERTIFICATE OF DEATH

01040

1. DECEASED-NAME (Type or print) Bertie		First L.		Middle Altvater		Last		2a. DATE OF DEATH Jan. Month 4 Day 1968 Year		2b. HOUR 8A. M.	
3. SEX Female		4. RACE Cauc.		5. DATE OF BIRTH Oct. 7, 1887 / 1878		6. AGE (In years last birthday) 89 YRS.		IF UNDER 1 YEAR MONTHS DAYS 		IF UNDER 24 HRS. HOURS MIN. 	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Howard County Md.					
10. CITY OR TOWN OF DEATH Ellicott City		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 535 Wilton Ave.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife		12b. KIND OF BUSINESS OR INDUSTRY					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Howard		13c. CITY OR TOWN Ellicott		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER 624 S. 535 Wilton Ave.		13f. Lakewood	
14. FATHER'S NAME First William Middle H Last McNeal		15. MOTHER'S MAIDEN NAME First Louise Middle Walker Last 		16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown No (If yes give war or dates of service)		16b. SOCIAL SECURITY NO. 213-54-2438		17. INFORMANT Address Miss Bertha G. Altvater 624 S. Lakewood Ave			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis 4129 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerotic Cardiovascular Dis. DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 12 hr. 10 yrs.											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4221											
19a. DATE OF OPERATION 		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 							
21d. INJURY OCCURRED While <input type="checkbox"/> Nat while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC) 		21f. LOCATION Street or R.F.D. No. City or Town County State 							
22a. I certify that (I) (this hospital) attended the deceased from 1965 to 1-3 , 19 68 , that (I) (we) last saw the deceased alive on 1-3 , 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE J. Duer Moore MD		22c. DATE SIGNED 1-5-68		22d. PHYSICIAN'S NAME (Type) J. Duer Moore MD		22e. ADDRESS 3105 Belair Rd					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/8/68		23c. NAME OF CEMETERY OR CREMATORY Spring Hill		23d. LOCATION (City or Town) (County) (State) Easton Talbot Maryland					
24. FUNERAL DIRECTOR Leonard J. Ruck Inc. 5305 Harford Rd.		25a. REC'D BY REGISTRAR 5 1968		25b. REGISTRAR'S SIGNATURE J. Charles Jones							

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

01010

TO THE HONORABLE

01010

RECEIVED
JAN. 10 1908

OFFICE OF THE
SHERIFF

CLERK OF THE COURT

IN THE COUNTY OF

STATE OF

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

01043

01041

1. DECEASED-NAME (Type or print) HATTLE			First Middle Last			2a. DATE OF DEATH Month Day Year JAN 26 1968			2b. HOUR 12:00 P.M.		
3. SEX F			4. RACE W			5. DATE OF BIRTH JAN 17, 1914			6. AGE (In years last birthday) 54 YRS.		
7a. BIRTHPLACE (State or foreign country) DEEP CREEK VA			7b. CITIZEN OF WHAT COUNTRY? U.S.A.			8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH HOWARD Md.		
10. CITY OR TOWN OF DEATH SAVAGE			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 106 WOODWARD ST			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) housewife			12b. KIND OF BUSINESS OR INDUSTRY home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MD			13b. COUNTY HOWARD			13c. CITY OR TOWN SAVAGE			13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
13e. STREET AND NUMBER 106 WOODWARD ST			14. FATHER'S NAME First Middle Last LAFAYETTE WILLIAM			15. MOTHER'S MAIDEN NAME First Middle Last DELLA DOUGHDY					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown no			16b. SOCIAL SECURITY NO. (If yes give war or dates of service)			17. INFORMANT Fred Brown			Address alone		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1621 Generalized Carcinomatosis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Bronchogenic Carcinoma DUE TO, OR AS A CONSEQUENCE OF (c)									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 1621											
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) (this hospital) attended the deceased from 1961 , 19____, to January 26, 1968 , that (I) (we) last saw the deceased alive on January 26, 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE Robert C. Wingfield, M.D.			DEGREE M.D.			ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			22c. DATE SIGNED JAN. 29, 1968		
22d. PHYSICIAN'S NAME (Type) ROBERT C. WINGFIELD, M.D.			22e. ADDRESS 329 PRINCE GEORGE STREET								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 1-29-68			23c. NAME OF CEMETERY OR CREMATORY Savage Cem			23d. LOCATION (City or Town) (County) (State) LAUREL, MARYLAND 20810		
24. FUNERAL DIRECTOR Witt Darnedean Laurel Md			ADDRESS			25a. REC'D BY REGISTRAR DATE FEB 1 1968			25b. REGISTRAR'S SIGNATURE Charles Judge		

01011

CERTIFICATE OF DEATH

01011

[Faint, illegible text and markings on a form, possibly a death certificate. The text is mirrored and difficult to decipher.]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH																		
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201																		
CERTIFICATE OF DEATH																		
1. DECEASED-NAME (Type or print)			First George			Middle F.			Last Ensor			2a. DATE OF DEATH Jan. Month 26 Day 1968 Year			2b. HOUR 1:45 P. M.			
3. SEX Male			4. RACE White			5. DATE OF BIRTH Nov 14 1883			6. AGE (In years last birthday) 84 YRS.			IF UNDER 1 YEAR MONTHS DAYS			IF UNDER 24 HRS. HOURS MIN.			
7a. BIRTHPLACE (State or foreign country) Maryland			7b. CITIZEN OF WHAT COUNTRY? U.S.A.			8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH Howard Md.									
10. CITY OR TOWN OF DEATH Ellicott City			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Shaffer Nursing Home			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Machinist			12b. KIND OF BUSINESS OR INDUSTRY Railroad									
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland			13b. COUNTY Baltimore			13c. CITY OR TOWN Baltimore			13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			13e. STREET AND NUMBER 5237 Fairlawn Ave 21215						
14. FATHER'S NAME Franklin			First Ensor			Middle Rickey			Last Ramkey									
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or (unknown) no			16b. SOCIAL SECURITY NO. 705-10-4072			17. INFORMANT Charles O. Ensor Brown Ridge Rd Highland Md.							Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Occlusion 4129 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerotic Cardio-Vascular Disease DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 72 hrs 5 year																		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4221																		
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)												
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work			21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No. City or Town County State												
22a. I certify that (I) (this hospital) attended the deceased from 1-28 , 19 65 , to 1-26 , 19 68 , that (I) (we) last saw the deceased alive on 1-26 , 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.																		
22b. SIGNATURE Thomas F. Herbert, M.D.			22c. DATE SIGNED 1-27-68			22d. PHYSICIAN'S NAME (Type) Thomas F. Herbert, M.D.												
22e. ADDRESS Ellicott City, Md.																		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 1/29/68			23c. NAME OF CEMETERY OR CREMATORY Lorraine Park			23d. LOCATION (City or Town) (County) (State) Woodlawn Balto Md.									
24. FUNERAL DIRECTOR George Byers			24a. ADDRESS 5728 Ellicott Rd Randall Station			25a. REC'D BY REGISTRAR JAN 29 1968			25b. REGISTRAR'S SIGNATURE James Judge									

451

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100-1-1078 - Chapter 10, Section 1078, Subsection 1078.01, 1078.02, 1078.03, 1078.04, 1078.05, 1078.06, 1078.07, 1078.08, 1078.09, 1078.10, 1078.11, 1078.12, 1078.13, 1078.14, 1078.15, 1078.16, 1078.17, 1078.18, 1078.19, 1078.20, 1078.21, 1078.22, 1078.23, 1078.24, 1078.25, 1078.26, 1078.27, 1078.28, 1078.29, 1078.30, 1078.31, 1078.32, 1078.33, 1078.34, 1078.35, 1078.36, 1078.37, 1078.38, 1078.39, 1078.40, 1078.41, 1078.42, 1078.43, 1078.44, 1078.45, 1078.46, 1078.47, 1078.48, 1078.49, 1078.50, 1078.51, 1078.52, 1078.53, 1078.54, 1078.55, 1078.56, 1078.57, 1078.58, 1078.59, 1078.60, 1078.61, 1078.62, 1078.63, 1078.64, 1078.65, 1078.66, 1078.67, 1078.68, 1078.69, 1078.70, 1078.71, 1078.72, 1078.73, 1078.74, 1078.75, 1078.76, 1078.77, 1078.78, 1078.79, 1078.80, 1078.81, 1078.82, 1078.83, 1078.84, 1078.85, 1078.86, 1078.87, 1078.88, 1078.89, 1078.90, 1078.91, 1078.92, 1078.93, 1078.94, 1078.95, 1078.96, 1078.97, 1078.98, 1078.99, 1078.100, 1078.101, 1078.102, 1078.103, 1078.104, 1078.105, 1078.106, 1078.107, 1078.108, 1078.109, 1078.110, 1078.111, 1078.112, 1078.113, 1078.114, 1078.115, 1078.116, 1078.117, 1078.118, 1078.119, 1078.120, 1078.121, 1078.122, 1078.123, 1078.124, 1078.125, 1078.126, 1078.127, 1078.128, 1078.129, 1078.130, 1078.131, 1078.132, 1078.133, 1078.134, 1078.135, 1078.136, 1078.137, 1078.138, 1078.139, 1078.140, 1078.141, 1078.142, 1078.143, 1078.144, 1078.145, 1078.146, 1078.147, 1078.148, 1078.149, 1078.150, 1078.151, 1078.152, 1078.153, 1078.154, 1078.155, 1078.156, 1078.157, 1078.158, 1078.159, 1078.160, 1078.161, 1078.162, 1078.163, 1078.164, 1078.165, 1078.166, 1078.167, 1078.168, 1078.169, 1078.170, 1078.171, 1078.172, 1078.173, 1078.174, 1078.175, 1078.176, 1078.177, 1078.178, 1078.179, 1078.180, 1078.181, 1078.182, 1078.183, 1078.184, 1078.185, 1078.186, 1078.187, 1078.188, 1078.189, 1078.190, 1078.191, 1078.192, 1078.193, 1078.194, 1078.195, 1078.196, 1078.197, 1078.198, 1078.199, 1078.200, 1078.201, 1078.202, 1078.203, 1078.204, 1078.205, 1078.206, 1078.207, 1078.208, 1078.209, 1078.210, 1078.211, 1078.212, 1078.213, 1078.214, 1078.215, 1078.216, 1078.217, 1078.218, 1078.219, 1078.220, 1078.221, 1078.222, 1078.223, 1078.224, 1078.225, 1078.226, 1078.227, 1078.228, 1078.229, 1078.230, 1078.231, 1078.232, 1078.233, 1078.234, 1078.235, 1078.236, 1078.237, 1078.238, 1078.239, 1078.240, 1078.241, 1078.242, 1078.243, 1078.244, 1078.245, 1078.246, 1078.247, 1078.248, 1078.249, 1078.250, 1078.251, 1078.252, 1078.253, 1078.254, 1078.255, 1078.256, 1078.257, 1078.258, 1078.259, 1078.260, 1078.261, 1078.262, 1078.263, 1078.264, 1078.265, 1078.266, 1078.267, 1078.268, 1078.269, 1078.270, 1078.271, 1078.272, 1078.273, 1078.274, 1078.275, 1078.276, 1078.277, 1078.278, 1078.279, 1078.280, 1078.281, 1078.282, 1078.283, 1078.284, 1078.285, 1078.286, 1078.287, 1078.288, 1078.289, 1078.290, 1078.291, 1078.292, 1078.293, 1078.294, 1078.295, 1078.296, 1078.297, 1078.298, 1078.299, 1078.300, 1078.301, 1078.302, 1078.303, 1078.304, 1078.305, 1078.306, 1078.307, 1078.308, 1078.309, 1078.310, 1078.311, 1078.312, 1078.313, 1078.314, 1078.315, 1078.316, 1078.317, 1078.318, 1078.319, 1078.320, 1078.321, 1078.322, 1078.323, 1078.324, 1078.325, 1078.326, 1078.327, 1078.328, 1078.329, 1078.330, 1078.331, 1078.332, 1078.333, 1078.334, 1078.335, 1078.336, 1078.337, 1078.338, 1078.339, 1078.340, 1078.341, 1078.342, 1078.343, 1078.344, 1078.345, 1078.346, 1078.347, 1078.348, 1078.349, 1078.350, 1078.351, 1078.352, 1078.353, 1078.354, 1078.355, 1078.356, 1078.357, 1078.358, 1078.359, 1078.360, 1078.361, 1078.362, 1078.363, 1078.364, 1078.365, 1078.366, 1078.367, 1078.368, 1078.369, 1078.370, 1078.371, 1078.372, 1078.373, 1078.374, 1078.375, 1078.376, 1078.377, 1078.378, 1078.379, 1078.380, 1078.381, 1078.382, 1078.383, 1078.384, 1078.385, 1078.386, 1078.387, 1078.388, 1078.389, 1078.390, 1078.391, 1078.392, 1078.393, 1078.394, 1078.395, 1078.396, 1078.397, 1078.398, 1078.399, 1078.400, 1078.401, 1078.402, 1078.403, 1078.404, 1078.405, 1078.406, 1078.407, 1078.408, 1078.409, 1078.410, 1078.411, 1078.412, 1078.413, 1078.414, 1078.415, 1078.416, 1078.41

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FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-5. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
MEDICAL EXAMINER'S CERTIFICATE OF DEATH										
1. DECEASED-NAME (Type or Print)			First Middle Last			2a. DATE KNOWN OF ESTI- DEATH MATED		2b. HOUR		
EULA			EMMA			SMITH		1 13 168 M		
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS HOURS MIN.		2c. DATE PRONOUNCED DEAD Month Day Year		
Female	White	9-21-81	87 YRS.					January 13 1968 12 M		
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH		(noon)		
Penna.		U.S.A.				HOWARD		Md.		
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY		
Ellicott City			4 Jay Court			housewife		at home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE			13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER	
Md.			Howard		Ellicott City		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1 Pierce Drive, Fort Hill	
14. FATHER'S NAME			15. MOTHER'S MAIDEN NAME							
First Middle Last			First Middle Last							
Hiram B. Westcott			Sophia Baker							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b. SOCIAL SECURITY NO. (If yes give war or dates of service)			17. INFORMANT ADDRESS				
No			none			G. Westcott Potter 1Pierce Dr. Ellicott City Maryland				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)										
PART 1. DEATH WAS CAUSED BY:										
IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease										
DUE TO, OR AS A CONSEQUENCE OF										
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.										
(b) DUE TO, OR AS A CONSEQUENCE OF										
(c)										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
4221 Lacerations and contusions of head										
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY?			
							YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
			? 1-13 1968		Apparently fell (Howard)					
21d. INJURY OCCURRED WHILE <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No. City or Town County State						
		patio		4 Jay Court, Fort Hill, Ellicott City		Md.				
22a. I certify that I took charge of the remains described above, held on Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>										
ACTUAL SIGNATURE			Charles S. Springate, M.D.			CHIEF MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED		
EXAMINER'S NAME (Type)						ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>		January 14, 1968		
						DEPUTY MEDICAL EXAMINER <input type="checkbox"/>				
						ADDRESS (Street, city, town, or county)				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)				
burial		1/17/68		Ellenton Cem.		Ellenton Pa.				
24. FUNERAL DIRECTOR										
J. J. Thompson - Slack Ellicott City, Md.										
25a. REC'D BY REGISTRAR										
JAN 17 1968										
25b. REGISTRAR'S SIGNATURE										
Charles Judge										

2010

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